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Bozicevic
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CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: P.O. Box 1450 Alexandria VA 22313-1450 on this date: September 26, 2003.			
Typed or Printed Name	BOZICEVIC	Facsimile No.	(703) 872-9326
Signature	9/26/03		
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Address to: Mail Stop: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450		Customer	24353
		Application Number	09/942,032
		Confirmation Number	7285
		Filing Date	August 28, 2001
		First Named Inventor	YAMASHITA, THOMAS T.
		Examiner Name	GELLNER, JEFFREY L.
		Group Art Unit	3643
		Attorney Docket	YAMA-001CON9

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00.	

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.

I am the: applicant/inventor

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed.

10/14/2003 DBATES 00000012 500815 42032 attorney or agent of record

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55.00 DA

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: 9/26/03

By: Susan Tall
Susan Tall, Reg. No. 52,272

BOZICEVIC, FIELD & FRANCIS LLP
200 Middlefield Road, Suite 200
Menlo Park, CA 94025
Telephone: (650) 327-3400
Facsimile: (650) 327-3231

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